

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	9	↔	↔	↔	↔	
TOTAL CLAIMS	12	↔	↔	↔	↔	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		↔	↔	↔	↔	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS